

CR2019 0005

ARREST BOOKING SHEET/PART A/PROBABLE CAUSE STATEMENT											
Last Name <b>Packer</b>		First <b>Douglas</b>		Middle		Suffix		Alias, Scars		Marks	
Address <b>501 Earl Dr.</b>						City <b>Sierra Vista</b>		State/Zip <b>AZ 85636</b>		Booking Number <b>287779</b> <b>19-0042</b>	
Origin		Sex <b>M</b>		Hgt. <b>6-01</b>		Wgt. <b>192</b>		Hair <b>Bro</b>		Eyes <b>Hzi</b>	
Age <b>64</b>		Date of Birth <b>05 /55</b>		Place of Birth		Citizen <b>US</b>		Social Security Number		Occupation	
Emergency Name and Number and Relationship to Person <b>Wife</b>						Address <b>501 Earl Dr. Sierra Vista, AZ</b>					
F.B.I. Number				State ID Number				Driver's License No. and State <b>B12744323</b>			
Arresting Agency <b>Cochise County S.O.</b>				Arrest Date <b>01-05-19</b>		Arrest Time <b>0140</b>		DR Number <b>19-00430</b>		Location of Arrest <b>Sierra Vista Detective's Office</b>	
Arresting Officer's Name and Number <b>Det. T. Borquez 0622</b>				Transporting Officer				Location of Occurrence <b>Bisbee Jail</b>			
1. Did defendant attempt to avoid or resist arrest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Was defendant armed at time of offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Was anyone injured or threatened with person injury by defendant during the course of the offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Was defendant armed at time of arrest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Has defendant admitted involvement in the offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6. Has defendant made any threats against potential witnesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Is defendant considered a flight risk? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Was evidence of the offense found in defendant's possession? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Does the State oppose an unsecured release at this time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Defendant is pursuant to <input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Warrant			
11. Was Property Taken or Destroyed? <input type="checkbox"/> Yes <input type="checkbox"/> No Value? _____				12. Is there any indication defendant is <input type="checkbox"/> an alcoholic <input type="checkbox"/> an addict <input type="checkbox"/> mentally disturbed				13. List any other charges outstanding against the defendant			
Has it been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Is this being submitted as a 48-hour complaint? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Explain YES answers to questions 1 - 13 8. blue underwear 9. Because of his position of authority he is a danger to the community							
IF SHOPLIFTING - ITEM TAKEN:											
OFFICER'S STATEMENT OF PROBABLE CAUSE: To: JUDGE Poppe COURT: JP#1 (INCLUDING ALL ELEMENTS OF WHO/WHAT/WHEN/WHERE/HOW)											
See Attached											
Print Officer Name and Badge # <b>Det. T. Borquez 0622</b>						Officer's signature: _____					
JP Court 1	JP Warrant	SC Div	SC Warrant	JP Court 1	JP Warrant	SC Div	SC Warrant	JP Court 1	JP Warrant	SC Div	SC Warrant
Charge Description <b>Sexual Abuse</b>		Cnts <b>4</b>	Charge Description <b>Sexual Assault</b>		Cnts <b>1</b>	Charge Description <b>Unlawful Sexual Conduct</b>		Cnts <b>1</b>			
Violation of Code/Sec: A.R.S. <b>13-1404 A</b>		Compl No.	Violation of Code/Sec: A.R.S. <b>13-1406 A</b>		Compl No.	Violation of Code/Sec: A.R.S. <b>13-1419 A2</b>		Compl No.			
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:	
Date Released		F <input checked="" type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Released		F <input checked="" type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Released	
Date Booked		Time	Day		Booking Officer		Hold		Booking Officer Signature		
<b>1-5-19</b>		<b>0142</b>	<b>5at</b>		<b>204</b>		<b>Twins</b>		<b>Victim</b>		<b>1743</b>
DR No:		<b>19-00430</b>		DR No:		<b>19-00430</b>		DR No:		<b>19-00430</b>	
Vehicle Color		Year	Make and Model		License No.		State		Disposition of vehicle:		